

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4435</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Wesley</u> <u>Cook</u> P.O. Box, Bldg., Room No., if any Street <u>315 Mundy</u> City <u>Eldorado</u> State <u>IL</u> ZIP Code + 4 <u>62930</u>	4. Name, file number, and address of labor organization. Name <u>IUOE Local 318</u> Labor Organization File Number <u>021088</u> P.O. Box, Building and Room Number, if any Street <u>3310 Water Tower Road</u> City <u>Marion</u> State <u>IL</u> ZIP Code + 4 <u>62959</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>7/28/05</u> Date	<u>618 993-0318</u> Telephone Number

Name of Person Filing Wesly Cook	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Mid Central Health & Welfare Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>PO Box 1445</u></p> <p>Street _____</p> <p>City <u>Terre Haute</u></p> <p>State <u>IN</u> ZIP Code + 4 <u>47808-1445</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Trustee of the Fund</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>\$2507.27</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Meals & Travel Expenses</u></p> <p><u>See attached itemized list</u></p> <hr/> <p>12.b. Amount. <u>\$2507.27</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Holiday Inn

TERRE HAUTE

3300 US Hwy 41 South • Terre Haute, IN 47802
(812) 232-6081 • Fax (812) 238-9934

Wes Cook
Mid Central Operation

P O Box 1445
TERRE HAUTE, IN 47808

Arrival 09MAR, 04
Folio 004680
Payment DB 00001310MID CENTRAL OPER
Departure 10MAR, 04
Page 1

Total Amount .00

Date	Room	Description	Reference	Amount
09MAR	1 /362	Room	Rm 362	89.00+ RP
09MAR	1 /362	Tax	Rm 362	8.28+ RP
10MAR	1 /362	Direct Bill		97.28- BP
		00001310 MID CENTRAL OPERATING		

~~MAR-15-2004~~

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part or the full amount of such charges. *Thank you for your business.*

Signature X



Independently Owned and Operated By:
GENERAL HOTELS CORPORATION

TRUSTEE EXPENSE VOUCHER

Mid Central Operating Engg
(Name of Trust Fund(s))

THIS VOUCHER IS FOR:

☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT Lake Tahoe ON 6-12/6-17-04
(Location) (Date(s))

☒ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT _____
(Location)

ON 6-13/6-16 SPONSORED BY International Foundation
(Session Date(s)) (Meeting Sponsor)

☐ OTHER: _____
(Describe Reason for Incurring Expenses)

TRANSPORTATION:

DATE OF DEPARTURE 6-12 DATE OF RETURN 6-18-04

☐ PRIVATE AUTOMOBILE _____ MILES AT _____¢ PER MILE \$ _____
☒ AIRFARE ☐ TRAIN ☐ BUS (ATTACH COPY OF TICKET) \$ 314.39
☐ RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL) \$ _____

HOTEL OR MOTEL:

☐ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL) \$ 505.37

MEETING REGISTRATION FEE:

☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) \$ _____

DAILY EXPENSES:

☐ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) \$ 242.69

TOTAL EXPENSES \$ _____

SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED \$ 1,062.45

LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY) \$ _____

EQUALS

☐ REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED. \$ _____

OR

☐ AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT \$ 1,062.45

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.

DATED THIS 22 DAY OF June 2004

(Signature of Trustee)

(Address and City)

NOTE TO TRUSTEE: This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the trust fund.) Meals should not be listed if they are otherwise included with air transportation or included on hotel or motel bills. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED):

CAESARS

TAHOE

Out: In: 6/12/04 18:54
TFDKTORNGS

Orig Resv: 6/12/04 6/18/04

Name: WESLEY COOK

P.O. BOX 5800 LAKE TAHOE, NEVADA 89449
FOR RESERVATIONS CALL 1-800-648-3353
775-588-3515

Address: 3310 WATER TOWER RD

MARION IL 62959

Casino ID:

Group Code: STIMN4

Room #: 905

Resv ID: 381072493283
Folio ID: 381492993016

Page: 1

Date	Ref. No.	Description	Charges	Credits	Balance
06/12/04	381499000043	ROOM CHARGE 404	139.00		
		TAX2	13.90		
06/12/04	381492993017	APPLIED DEPOSIT		350.00	152.90
06/12/04	381492993320	ROMAN FEAST			197.10-
		404CO	50.00		147.10-
06/12/04	381492993889	LONG DISTANCE CALL			
		8002216903 06/12 21:14	1.00		
06/13/04	381509000234	ROOM CHARGE 905	139.00		
		TAX2	13.90		
06/13/04	381502997868	LONG DISTANCE CALL			6.80
		8777097811 06/13 10:40	1.00		
06/14/04	381519000232	ROOM CHARGE 905	139.00		
		TAX2	13.90		
06/14/04	381513005755	ROMAN FEAST			160.70
		905CO	14.00		174.70
06/15/04	381529000233	ROOM CHARGE 905	139.00		
		TAX2	13.90		
06/15/04	381523011463	ROMAN FEAST			327.60
		905CO	13.00		340.60
06/16/04	381539000222	ROOM CHARGE 905	139.00		
		TAX2	13.90		
06/16/04	381533016380	00001 LOCAL CALL	1.00		493.50
		5888436 06/16 07:07			
06/16/04	381533019212	00001 LOCAL CALL	1.00		
		5888436 06/16 15:05			
06/17/04	381543023638	AROMA COFFEE	9.87		
		905CO			505.37
06/17/04	381543023850	MASTER CARD F/D 5		505.37	
		XXXXXXXXXX7537			

Account #:

Type:

CHARGES INCURRED ON YOUR DAY OF DEPARTURE MAY NOT BE REFLECTED ON THIS
STATEMENT. REGARDLESS OF BILLING INSTRUCTIONS, GUEST IS LIABLE UNTIL
BALANCE IS PAID IN FULL.

Thank You for Staying at Caesars Tahoe

DAILY EXPENSES (ATTACH RECEIPTS FOR ANY SINGLE ITEM OF \$25 OR MORE):NUMBER OF DAYS SPENT ON THIS TRUST FUND ACTIVITY INCLUDING TRAVEL DAYS 5

DATE: <u>6-12-09</u>	DATE: <u>6-13-09</u>	DATE: <u>6-17-09</u>
BREAKFAST & TIP \$ _____	BREAKFAST & TIP \$ _____	BREAKFAST & TIP \$ _____
LUNCH & TIP \$ _____	LUNCH & TIP \$ _____	LUNCH & TIP \$ <u>22.69</u>
DINNER & TIP \$ _____	DINNER & TIP \$ <u>100.00</u>	DINNER & TIP \$ _____
BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____
PORTERS—BELLMEN \$ _____	PORTERS—BELLMEN \$ _____	PORTERS—BELLMEN \$ _____
LIMOS-TAXIS-BUSES \$ <u>72.00</u>	LIMOS-TAXIS-BUSES \$ _____	LIMOS-TAXIS-BUSES \$ _____
(Other) \$ _____	(Other) \$ _____	(Other) \$ _____
TOTAL THIS DATE \$ <u>72.00</u>	TOTAL THIS DATE \$ <u>100.00</u>	TOTAL THIS DATE \$ <u>22.69</u>

DATE: <u>6-18-09</u>	DATE: _____
BREAKFAST & TIP \$ _____	BREAKFAST & TIP \$ _____
LUNCH & TIP \$ _____	LUNCH & TIP \$ _____
DINNER & TIP \$ _____	DINNER & TIP \$ _____
BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____
PORTERS—BELLMEN \$ _____	PORTERS—BELLMEN \$ _____
LIMOS-TAXIS-BUSES \$ _____	LIMOS-TAXIS-BUSES \$ _____
<u>Parking Gar.</u> \$ <u>48.00</u>	(Other) \$ _____
TOTAL THIS DATE \$ <u>48.00</u>	TOTAL THIS DATE \$ _____

IF MORE THAN
FIVE DAYS, ATTACH
AN ADDITIONAL
VOUCHER SHEET

TOTAL OF ALL DAILY EXPENSES \$ 242.69
(Transfer amount to front side of voucher)

EXPLANATIONS (IF NEEDED):

A considerable number of funds have inquired to the International Foundation headquarters for some guidance, some "ground rules," in regard to reimbursing trustees and administrators for out-of-pocket expenses directly related to attendance at conferences, seminars, etc. As your educational arm we cannot and will not set "ground rules." We will however provide many educational opportunities for you to determine on your own what is "reasonable and prudent" for your particular trust.

All jointly administered fringe benefit funds are trust funds which, under the language of most trust agreements and general principles of trust law as well as ERISA, can be used *only* for the benefit programs and for *reasonable expenses* in connection with the administration of such programs.

The size and objectives of the funds, the pressure of ample reserves and the expenses ratio are among the variable factors which make it practically impossible to suggest hard and fast rules which should be applied in every instance. For example, a small fund with a large board of trustees does not prudently send all trustees to every educational meeting. However, a larger, well-funded trust, with a small board of trustees, may be able to send all trustees to one or more of our educational functions. Each trustee should itemize his expenses to qualify for reimbursement, and may wish to make a written report of the sessions he attended at educational meetings when he returns, for the record and/or for the benefit of other individuals who did not attend the meeting.

Member trust funds should bear these factors in mind when they make provisions for expenses for their delegates who attend the educational conferences and other meetings. Overriding is the fact that most monies are at issue, and that trustees are legally responsible to see that all expenses are justifiable, reasonable and prudent.

We are confident that each trustee will keep these thoughts in mind when contemplating policy for his particular trust.



REGISTRATION CARD/2004 Educational Programs CODE: 482 1

EVENT No. 0 4 0 9

NEW for 2004: Administrative fee is DOUBLED for registrations canceled within 30 days of meeting.

ORG. NO. 5641158

I.D. NO. 5675611

☐ Please update record. This is a new address.Fund/Firm Represented Mid Central Operating Engineers Health & Welfare FundAttendee Name Lwes Cook

Name for Badge (if different) _____

Badge Title Trustee

E-Mail _____

Phone No. (618) 993-0318Fax No. (618) 997-9691Attendee Mailing Address: ☐ Home ☒ Office ☐ c/o Fund AddressAddress 3310 Watertower RdCity and State Macon T.IZIP 62959Prepared by Liberyl CottrellPhone No. (812) 232-4384Fax No. (812) 232-4386Trustees and Administrators Institutes (Early fee before 1/12/04)
February 22-25, 2004 - Lake Buena Vista (Orlando), Florida

(80402)

Disney's Contemporary Resort \$218 ☐ Disney's Polynesian Resort \$246 ☐ Disney's Grand Floridian Resort & Spa \$291
☐ I am a(n) ☐ New Trustee ☐ Advanced Trustee ☐ Administrator

Trustees and Administrators Institutes (Early fee before 5/3/04)

(80409)

June 13-16, 2004 - Stateline (Lake Tahoe), Nevada (in conjunction with Benefit Plan Professionals Institute)

☒ Caesars Tahoe \$151 ☐ Harvey's Lake Tahoe \$142 ☐ Embassy Suites Resort \$169
☐ I am a(n) ☐ New Trustee ☒ Advanced Trustee ☐ Administrator ☐ Accountant (04G1) ☐ Attorney (04G2)

Member fee	Early Fee	Late Fee
Nonmember fee	<input checked="" type="checkbox"/> \$ 855	<input type="checkbox"/> \$ 930
Sunday Preconference Fee—Member	<input type="checkbox"/> \$1,020	<input type="checkbox"/> \$1,095
Sunday Preconference Fee—Nonmember	<input type="checkbox"/> \$ 285	<input type="checkbox"/> \$ 310
Hotel Deposit	<input type="checkbox"/> \$ 340	<input type="checkbox"/> \$ 365
		<input checked="" type="checkbox"/> \$ 350

HOTEL ☒ Include \$350 Hotel Deposit

1 of Adults 0 of Children

Arrival Date June 12, 2004Departure Date June 17, 2004☒ Smoke Free? ☐ Yes ☒ No☒ Special Assistance? ☐ Yes ☒ No

Special Requests (describe): _____

☐ Special Dietary Requirements—specify _____

PAY/MAIL TO:

INTERNATIONAL FOUNDATION—CONFERENCE
P.O. Box 68-9954, Milwaukee, WI 53268-9954

PAYMENT INFORMATION

☐ AMEX ☐ MasterCard ☒ VISA ☐ Check # _____ \$ 1,005.00 enclosed.Card Number 4430 2300 0009 7340Exp. Date 10/05Cardholder's Name Judy D Johnson☐ Charge hotel deposit only to credit card. Fee paid by enclosed check.

CONTINUING PROFESSIONAL EDUCATION CREDIT

The International Foundation applies for continuing education credit for insurance agents, accountants, attorneys and enrolled actuaries. Direct inquiries to (262) 786-6710, ext. 8501. Circle profession for which you request credit:

Actuary Attorney CPA licensed in the state of _____
Other _____☐ I hold a resident insurance license in the state of _____ and understand preapproval requirements may need to be met.

License # _____

Credit due date (month/day/year)

☐ \$25 service charge due at time of registration

Mail the registration form with check or credit card number.

Fax your registration with credit card number; (262) 786-8650.

E-mail edreg@ifabp.org with credit card number.

For information, phone toll free (888) 33-IFEBP, option 2, or (262) 786-6710, ext. 8257.

PLEASE INDICATE THE TYPE OF ORGANIZATION YOU REPRESENT

- | | |
|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Investment |
| <input type="checkbox"/> Actuarial | <input type="checkbox"/> Labor organization |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Law firm |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Multiemployer trust fund |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Professional association |
| <input type="checkbox"/> Employer assoc. | <input type="checkbox"/> Public employee |
| <input type="checkbox"/> Health care | <input type="checkbox"/> Third-party administrator |
| <input type="checkbox"/> Insurance | |
| <input type="checkbox"/> Other _____ | |

Number of years involved in employee benefits _____

OR



OR



OR



DUPLICATE CHECK
STABLES STEAKHOUSE
Table Sales

STABLES STEAKHOUSE
939 POPLAR STREET
TERRE HAUTE, IN 47809
812-232-6677

Check no Tab Cov Ser Time Date
89752/1 10 9 17 20:00 10/27/04

1	SALMON	22.99
1	STEAK AND LOBSTER	27.99
3	NEW YORK STRIP	83.97
2	PORTERHOUSE	59.98
2	FILET - PETITE CUT	51.98
1	ICED TEA	2.39
1	DIET COKE	2.39
Food Sub-Total		251.69

6	MILLER LITE	17.10
5	MICHELOB ULTRA	15.00
3	COORS LIGHT	8.55
3	BUD LIGHT	8.55
2	Glass-Cabernet	15.00

Beverage Sub-Total 64.20

SUB TOTAL 315.89
Sales Tax 18.95

TOTAL 334.84

THANK YOU
Courtney

Stables Steakhouse
Open 7 days a week @ 5:00p.m.
(812)232-6677
www.stablessteakhouse.com

Date : 10/27/04 Time : 20:00

Card number 4430230000097340 Exp Date 1005
Manual Entry

Card type : Visa Card

Check number 89752/1
Tab number 10

FOOD / BEV 334.84

TIP 20% 66.96
TOTAL \$401.80

Approval : 006258

Server ID : 17

I AGREE TO COMPLY WITH
THE CARDHOLDER AGREEMENT

X

THANK YOU
Customer Copy

NOV - 1 2004

NOV - 1 2004

4430 2300 0009 7340

Visa ex 10/05

mail to

Judy Johnson

201445

fax

PO Box 1445

714 TW 47808

9 @ \$44.64 per person

Holiday Inn

TERRE HAUTE

3300 US Hwy 41 South • Terre Haute, IN 47802

(812) 232-6081 • Fax (812) 238-9934

Wes Cook
Operating Engineers-Healt

P O Box 1445
Terre Haute, Indiana 47808

Arrival	Departure
27OCT, 04	28OCT, 04
Folio	Page
008335	1
Payment	
DB . 00001504OPERATING ENGINE	

Total Amount .00

Date	Room	Description	Reference	Amount
27OCT	/368	Movies/Nintendo	35 SERVI-01	10.59+
27OCT	/368	Movies/Nintendo	31 SERVI-01	12.71+
27OCT	1 /368	Room	Rm 368	89.00+ MH
27OCT	1 /368	Tax	Rm 368	8.90+ MH
28OCT	1 /368	Cash	rlp	23.30- RP
28OCT	1 /368	Direct Bill	rlp	97.90- RP
00001504 OPERATING ENGINEERS				

Holiday Inn

TERRE HAUTE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part or the full amount of such charges. *Thank you for your business.*

Signature X



Independently Owned and Operated By:
GENERAL HOTELS CORPORATION